



Medical PA Criteria Proposal

Medical Procedure Class:	CT Head or Brain v1.3	
Date:	June 12, 2007	
Prepared for:		
Prepared by:	ACS-Heritage Information Systems, Inc.	
New Criteria	Revision of Existing Criteria	

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging		
Why was this Issue Selected:	Studies indicate that for certain common presenting signs and symptoms there is a low yield of positive findings for potentially treatable lesions from CT of the Head or Brain		
Procedures subject to Pre- Certification	 70450 Computed tomography, head or brain; without contrast material 70460 Computed tomography, head or brain; with contrast material(s) 70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections 		
Setting & Population:	All Medicaid fee-for-service patients		
Type of Criteria:	☐ Increased risk of ADE☒ Appropriate Indications	☐ Non-Preferred Agent	
Data Sources:	☐ Only administrative databases	☐ Databases + Prescriber- supplied	
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- Procedure Group for review: CT of Head or Brain
- Clinical Indications: Isolated, Nontraumatic Headaches; others tbd
- Age range: All patients

Approval Criteria

Condition	Submitted ICD-9 Diagnoses	Date Range
Migraine/non-traumatic headache	346-346.9, 784	12 months
History of localized neurologic signs or subjective numbness or tingling	368-368.47, 368.8, 368.9, 782.0, 781- 781.99, 784.5, 780.4	12 months
History of lack of Motor Coordination	781-781.99	12 months
Conditions predisposed to intercranial pathology; history of HIV-positivity or cancer, or other populations at high risk (e.g. immunocompromised patients)	042, 191-191.9, 225, 228.02, 237.7, 279.3, 288-288.9, 340, 331.4, 341-341.9, 742-742.9	12 months

Patients with non-acute headache accompanied with or described as:

- History of cancer
- History of localized neurologic signs or subjective numbness or tingling
- Rapidly increasing frequency of headache
- History of lack of motor coordination
- History of headache causing sleep disruption
- Sudden severe ("thunderclap") or headache radiating to the neck
- Temporal headaches in individuals aged 55 and older
- Conditions predisposed to intracranial pathology: history of HIV-positivity, or other populations at high risk, e.g. immunocompromised patients

Denial Criteria

Patients with isolated, non-acute headache without any of the above and who:

- Normal neurologic examination
- Have had a CT or MRI of the Head or Brain in the last 60 days

Required Documentation						
Laboratory results: MedWatch form:		Progress notes:				

References

- 1. Health Care Guideline: Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement, January 2007; 8th Edition: -72.
- 2. Choksi V. Imaging of Acute Stroke. Applied Radiology 2005; 34: 1-19.
- 3. Cortelli P, Cevoli S, Nonino F, et. al. Evidence-Based Diagnosis of Nontraumatic Headache in the Emergency Department: A Consensus Statement on Four Clinical Scenarios. Headache 2004; 44: 587-595.
- 4. Edlow JA, Caplan LR. Avoiding Pitfalls in the Diagnosis of Subarachnoid Hemorrhage. New England Journal of Medicine 2000; 342: 29-36.
- 5. Grayson S, Neher JO. When is Neuroimaging Warranted for Headache? Journal of Family Practice; 2005; 54: 1-4.